

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION

TRANSMITTAL NUMBER

MS 89-4

STATE

Missouri

PROGRAM IDENTIFICATION

Title XIX

PROPOSED EFFECTIVE DATE

January 1, 1989

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE NEXT 4 BLOCKS IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

FEDERAL REGULATION CITATION

42 CFR 447 Subpart C

NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-D
Pages 7b, 46, 46a (new)

NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT

Attachment 4.19-D
Pages 7b, 46 (MS 88-22 Pending)

SUBJECT OF AMENDMENT

Long-Term Care Reimbursement Plan. Updating of the provisions to reflect
the changes implemented during the January - March quarter 1989.

GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *2P*
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

SIGNATURE OF STATE AGENCY OFFICIAL

TYPED NAME:

Michael V. Reagan, Ph.D.

TITLE:

Director, Department of Social Services

DATE:

RETURN TO:

Division of Medical Services
P.O. Box 6500
Jefferson City, MO 65102-6500

FOR REGIONAL OFFICE USE ONLY

DATE RECEIVED

March 21, 1989

DATE APPROVED

JUN 17 1989

PLAN APPROVED - ONE COPY ATTACHED

EFFECTIVE DATE OF APPROVED MATERIAL

SIGNATURE OF REGIONAL OFFICIAL

TYPED NAME:

William R. Blake, Jr.

TITLE:

Associate Regional Administrator
for Medicaid

REMARKS:

HCFA-MEDICAID
REGIONAL
OFFICE
JUN 17 1989
AM 10:13

APPENDIX

Findings, Assurances, Related Information

Findings and Assurances

In conformity with the Title 42 CFR Section 447.253(a) and (b), the Department of Social Services/Division of Medical Services (DSS/DMS) makes the following findings and assurances:

- o Long-term care facility rates of payment have been found to be reasonable and adequate to meet the costs that must be incurred by efficiently and economically operated providers to provide services in conformity with applicable State and Federal laws, regulations, and quality and safety standards.
- o The payment methodology used by the State for payments to Nursing Home facilities for medical assistance beginning July 1, 1988 can reasonably be expected not to increase payments solely as a result of a change of ownership in excess of the increase which would result from application of 42 U.S.C. 1861 (v)(1)(O) of the Social Security Act for all changes of ownership which occur on or after July 18, 1984, except for those changes made pursuant to an enforceable agreement executed prior to that date.
- o The estimated weighted average proposed payment rate is reasonably expected to pay no more in the aggregate for Long-Term Care services than the amount that the agency reasonably estimates would be paid for the services under the Medicare principles of reimbursement.
- o DSS/DMS provides long-term care facilities with an appeals or exception procedure that allows individual providers an opportunity to submit additional evidence and receive prompt administrative review of payment rates with respect to such issues as DSS/DMS determines appropriate.
- o DSS/DMS requires the filing of uniform cost reports by each participating provider.
- o DSS/DMS provides for periodic audits of the financial and statistical records of participating providers.
- o DSS/DMS published prior notice of said change in the Mis-
souri Register.
- o DSS/DMS pays for long-term care services using rates determined in accordance with methods and standards specified in the approved State Plan.

State Plan TN# 89-04

Effective Date 11/1/89

Supersedes TN# _____

Approval Date JUN 17 2003

Related Information

In conformity with Title 42 CFR Section 447.255, DSS/DMS is submitting with the findings and assurances the following related information:

- o DSS/DMS has determined a projected weighted average per diem rate for each type of long-term care provider after the effective date of the trend factor increase and the amount of increase or decrease represented by the proposed rate. The amounts are as follows:

Provider Type	Before 12/31/88	After 12/31/88	Increase/ Decrease
All types	\$43.65	\$44.51	Increase
SNF	48.60	48.22	Decrease
ICF	35.68	37.42	Increase
SNF/ICF	45.98	46.84	Increase
ICF/MR	119.46	119.74	Increase

- o DSS/DMS does not anticipate that the change in the estimated weighted average rate will impact the availability of type of care furnished or the extent of provider participation on a statewide or geographic area basis either in the short or long-term.
- o Section (2)(B)3 of the State's Prospective Reimbursement Plan for Nursing Home services provides that a change in ownership/management of a facility is not subject to review for rate reconsideration. Under the State's current methodology, nursing home payment rates do not increase as a result of a change in ownership.

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I. For state fiscal year 1989 and dates of service beginning January 1, 1989, the negotiated factor shall be equal to two (2%) to be applied in the following manner:

(I) Two percent (2%) of the average per-diem rate paid all facilities on June 1, 1988 shall be added to each facility's rate.

J. For future fiscal years the per-diem rate shall be adjusted by a negotiated trend factor.

2. Adjustments to Rates. The prospectively determined reimbursement rate may be adjusted only under the following conditions:

A. When information contained in a facility's cost report is found to be fraudulent, misrepresented, or inaccurate, the facility's reimbursement

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used to set its per-diem rate. Facilities with less than a full twelve (12)-month 1985 fiscal year will not have their base year rates updated.

B. For state fiscal year 1988 and dates of service beginning July 1, 1987 the negotiated trend factor shall be equal to two percent (2%) to be applied in the following manner:

(I) Two percent (2%) of the average per-diem rate paid to all ICF/MR facilities on June 1, 1987 shall be added to each facility's rate.

C. For state fiscal year 1989 and dates of service beginning January 1, 1989, the negotiated trend factor shall be equal to one percent (1%) to be applied in the following manner:

(I) One percent (1%) of the average per-diem rate paid to all ICF/MR facilities on June 1, 1988 shall be added to each facility's rate.

D. For future fiscal years the Title XIX prospective per-diem reimbursement rate shall be the facility's per-diem reimbursement payment rate in effect on June 30th of the preceding state fiscal year adjusted by a negotiated trend factor.

2. Adjustments to Rates. The prospectively determined reimbursement rate may be adjusted only under the following conditions:

A. When information contained in a facility's cost report is found to be fraudulent, misrepresented, or inaccurate, the facility's reimbursement rate may be both retroactively and prospectively reduced if the fraudulent, misrepresented, or inaccurate information as originally reported resulted in establishment of a higher reimbursement rate than the facility would have received in the absence of such information. No decision by the Medicaid agency to impose a rate adjustment in the case of fraudulent, misrepresented, or inaccurate information shall in any way affect the Medicaid agency's ability to impose any sanctions authorized by statute or regulation. The fact that fraudulent, misrepresented, or inaccurate information reported did not result in establishment of a higher reimbursement rate than the facility would have received in the absence of such information also does not affect the Medicaid agency's ability to impose any sanctions authorized by statute or regulation;

B. In accordance with subsection (6)(B) of this rule, a newly constructed facility's initial reimbursement rate may be reduced prospectively if the facility's actual allowable per diem cost for its first twelve (12) months of operation is less than its initial rate;

C. When a facility's Medicaid reimbursement rate is higher than either its private pay rate or its Medicare (Title XVIII) rate, the Medicaid rate will be reduced in accordance with subsection (2)(B) of this rule;

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D. When the provider can show that it incurred higher cost due to circumstances beyond its control and the circumstance is not experienced by the nursing home or ICF/MR industry in general, the request must have a substantial cost effect. These circumstances include but are not limited to:

(I) Acts of nature such as fire, earthquakes and flood that are not covered by insurance;

(II) Vandalism and/or civil disorder; or

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